

Permit No. FA \_\_\_\_\_

For Office Use Only

Job Address \_\_\_\_\_  
# Dir Street Name Type Suffix

Business Name: \_\_\_\_\_

## FIRE ALARM SYSTEM PERMIT APPLICATION

Bureau of Fire Prevention  
555 South 10<sup>th</sup> Street, Room 203  
Lincoln, NE 68508-3995

Phone: (402) 441-7791 Fax: (402) 441-8214 24 Hour Inspection Line: (402) 441-8213

### SCHEDULE OF FEES

Plans Review Fee (Subject to \$18 minimum Fee)

\$.95 per \$1,000 Total job cost or fraction thereof:

Enter Job Cost: \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

Application is hereby made to install or alter a fire alarm system(s). It is agreed that all rules, regulations, and ordinances of the City of Lincoln, now in effect, will be complied with, and that the installation will be made in accordance with all applicable fire system regulations and the appropriate NFPA pamphlet.

**Minimum of three (3) detailed sets of plans & specifications are attached and are made a part of this application. If plans are to be mailed back, a self-addressed, stamped envelope must be enclosed.**

Submitted by:

System Installed By:

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Company Name (Please Print)

\_\_\_\_\_  
Applicant Address – Street, City, State, Zip

\_\_\_\_\_  
Company Address – Street, City, State, Zip

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Registered Contractor

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Cell Phone No.

\_\_\_\_\_  
Office Phone No.

\_\_\_\_\_  
Cell Phone No

Approved By:

\_\_\_\_\_  
Bureau of Fire Prevention

\_\_\_\_\_  
Date